	PATENT	Application or Docket Number 10 800, 25 10-7 10 1 - 00050											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	E	YTITY	OR		R THAN ENTITY
Ť	OTAL CLAIM!	\$	9					RAT	E	FEE	٦.	RATE	FEE
FR			NUMBER FRED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		• 8			X\$ 9	=		OR	X\$18=	_
INDEPENDENT CLAIMS .			minus 3 =		8			X43=		·	OR	<b>X8</b> 6=	-
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT								OR	+290=	-
* If the difference in column 1 is less than zero, enter "0" in co						column 2	i	TOTA	L		OR	TOTAL	770
CLAIMS AS AMENDED - PART II										- <del></del>	<b>.</b>	OTHER	THAN
۲,	13/10	(Column 1)			(Column 2) (			SMALLE		NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER	PRESENT EXTRA		RATE		ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
	Total	.20	Minus	- 2	0	• •0		X\$ 9=		•	OR	X\$18=	
			Minus		3	= ]		X43*	1		OR	200,00	200.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=	
	<u></u>	2 x 6		•	•		L	TOT/				TOTAL ADDIT, FEE	200,00
	(Column 1) (Column 2) (Column 3)							DDIT. FE	EL			4	red .
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	8	Minus	- 2	0			X\$ 9=			OR	X\$18=	\
	Independent	NTATION OF MI	Minus II THOI E DES	ENDENT	2			X43=	I		OR	X86-	Y
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								I		OR	+290=	/
								TOTAL	- 1	•	OR .	TOTAL	
	(Column 1) (Column 2) (Column 3)												••
EN L		CLAIMS REMAINING . AFTER AMENDMENT	•	HIGHE NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	ſ	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		•		X\$ 9=	T		OR	X\$18=	
	Independent		Minus	***		=	H	X43=	t			X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
- 11	If the entry in column 1 is less than the entry in column 2, write 10° in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 720."  ACT										OR _	+290=	
	the Highest No.	mber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is I	ess then	3. enter "L"		DIT. FEE in the ap		·	. A	0017. FEE <b>l.</b> mn 1. ·	